

Image Processing System Annual Renewal Form

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DIVISION of ARCHIVES &
NJDARM
RECORDS MANAGEMENT
www.njarchives.org



CERTIFICATE #: [Click [here](#) and type Certificate #]

AGENCY NAME & PROFILE: [Click [here](#) and type agency's name]

Have there been any changes to your agency's profile – new records custodian, agency representative, addresses, phone numbers, e-mail addresses or website?

☐ Yes ☐ No (If yes, please note changes below)

RECORDS MANAGEMENT/INDEXING:

Has your agency added additional record series, not previously approved, to your image processing system? ☐ Yes ☐ No

(If yes, either list here or attach a highlighted copy of appropriate records retention schedule, including "inclusive dates".)

SYSTEM CONFIGURATION & DOCUMENTATION:

Has your agency upgraded the hardware and/or software for your image processing system?

☐ Yes ☐ No (If yes, either list here or attach appropriate documentation.)

DISASTER PREVENTION/RECOVERY:

Has your agency updated your Disaster Prevention/Recovery Plan?

☐ Yes ☐ No (If yes, either list updates here or attach appropriate documentation.)

VENDOR INFORMATION & SUPPORT:

Has your agency changed vendors?

☐ Yes ☐ No (If yes, either list new information here or attach appropriate documentation.)

AGENCY VERIFICATION:

I hereby certify that the documentation listed on and/or attached to **this Image Processing System Annual Renewal Form** is a true and an accurate reflection of the agency's image processing system upon this date and is submitted in compliance with N.J.A.C.15:3-5.6.

Signature: Legal Custodian

Date

For questions or further assistance, contact:

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